

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH County of <u>Chesterfield Co.</u> Standard Certificate of Birth STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Township of or Inc. Town of <u>McBee, S.C.</u> Rt. 1 or City of (No St. Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number)		FILE No.—For State Registrar Only <u>00163</u>	
2. FULL NAME OF CHILD <u>Susie Katherine Thompson</u> (If child is not yet named, make supplemental report as directed.)			
3. Boy or Girl <u>Girl</u>	If Plural births <input type="checkbox"/>	4. Twin, triplet or other <input type="checkbox"/>	5. Number, in order of birth <u>1</u>
6. Premature <input type="checkbox"/> Full term <input checked="" type="checkbox"/>		7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>April 10</u> , 19 <u>16</u> (Month, day, year)
9. Full name <u>FATHER Robert Fulton Thompson</u>		18. Name before marriage <u>MOTHER Cora Lee Johnson</u>	
10. Residence (mailing address) <u>McBee, S.C. R.F.D. 1</u> (If non-resident, give place and State)		19. Residence (mailing address) <u>McBee, S.C. R.F.D. 1</u> (If non-resident, give place and State)	
11. Color or race <u>White</u>	12. Age at child's birth <u>31</u> (years)	20. Color or race <u>White</u> Age at child's birth <u>21</u> (years)	
13. Birthplace (city or place) <u>Chesterfield, S.C.</u> (State or country)		21. Birthplace (city or place) <u>Kershaw, S.C.</u> (State or country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Saleslady</u>	
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. <u>Byren Organization</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>J.C. Penny Co.</u>	
16. Date (month and year) last engaged in this work <u>working now</u> , 19.....		17. Total time (years) <u>4</u> Yrs. spent in this work	25. Date (month and year) last engaged in this work <u>Now Working</u> , 19.....
26. Total time (years) <u>5</u> Yrs. spent in this work		27. Number of children of this mother (At time of birth and including this child) <u>4</u> (a) Born alive and now living <input checked="" type="checkbox"/> (b) Born alive but now dead..... (c) Stillborn.....	
28. If stillborn, period of gestation..... months weeks		29. Cause of stillbirth..... (Before labor..... During labor.....)	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at m. on the date above stated.
(Born alive ☒ Stillborn ☐)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from
a supplementary report.....

(Date of)

Registrar,

(Signed) Cora Lee Thompson, Parent

or Guardian

Address 2029 Boulevard gaz Fla

Filed July 13, 1943 L. A. Riser, M.D.
Registrar.